

Vonda M. Wallace  
Paralegal Specialist

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.   FILING DATE  

APPLICANT(S)   09/856230

CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL D.	<u>6</u>				
TOTAL P.		<u> </u>	<u> </u>	<u> </u>	<u> </u>
TOTAL AIMS	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
TOTAL IND. <span style="border: 1px solid black; padding: 2px;"> </span>					
TOTAL DEP. <span style="border: 1px solid black; padding: 2px;"> </span>					
TOTAL CLAIMS <span style="border: 1px solid black; padding: 2px;"> </span>					